Fill	in this information to identify your ca	ase:							
Del	otor 1 Jodi Estelle (Cable			_				
	otor 2 ouse, if filing)				_				
Uni	ted States Bankruptcy Court for the	: MIDDLE DISTRICT C	F PENNSYLVANIA		_				
Cas	se number 1:17-BK-00457-H	IWV			С	heck if this is:			
(If kr	nown)		-			An amende	d filing		
						A suppleme	ent showing p as of the follo		chapter
O.	fficial Form 106I							wing date.	
	chedule I: Your Inc	ome				MM / DD/ Y	YYY		12/15
spo atta	plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment	ır spouse is not filing w	ith you, do not inclu	de infori	nation ab	out your spo	use. If more	space is	needed,
1.	Fill in your employment information.		Debtor 1			Debtor 2	or non-filin	g spouse	
	If you have more than one job,	Franksim and adatus	☐ Employed			☐ Emplo	oyed		
	attach a separate page with information about additional employers.	Employment status	■ Not employed			☐ Not e	mployed		
	. ,	Occupation	unemployed			_			
	Include part-time, seasonal, or self-employed work.	Employer's name							
	Occupation may include student or homemaker, if it applies.	Employer's address							
		How long employed t	here?						
Par	t 2: Give Details About Mor	nthly Income							
	mate monthly income as of the dause unless you are separated.	ate you file this form. If	you have nothing to re	eport for	any line, v	vrite \$0 in the	space. Inclu	de your nor	n-filing
,	u or your non-filing spouse have mo e space, attach a separate sheet to		ombine the information	n for all e	mployers	for that perso	n on the line	s below. If y	you need
					For	Debtor 1	For Debto		
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	0.00	\$	N/A	
3.	Estimate and list monthly overt	ime pay.		3.	+\$	0.00	+\$	N/A	
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$	0.00	\$	N/A	

					or Debtor 1	Fo	r Debtor 2 or	
				Г	or Deptor 1		n-filing spouse	
	Conv	y line 4 here	4.	\$	0.00	\$	N/A	
		,		•		*-	14/71	
5.	List a	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	N/A	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	N/A	
	5e.	Insurance	5e.	\$		\$	N/A	
	5f.	Domestic support obligations	5f.	\$		\$	N/A	
	5g.	Union dues	5g.	\$		\$	N/A	
	5h.	Other deductions. Specify:	5h.+	+ \$		+ \$	N/A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$	N/A	
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	N/A	
8.		all other income regularly received:				_	<u> </u>	
0.	8a.	Net income from rental property and from operating a business, profession, or farm						
		Attach a statement for each property and business showing gross						
		receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	N/A	
	8b.	Interest and dividends	8b.	φ \$		\$_	N/A	
	8c.	Family support payments that you, a non-filling spouse, or a depender		Ψ	0.00	Ψ_	IN/A	
	oc.	regularly receive	iit.					
		Include alimony, spousal support, child support, maintenance, divorce						
		settlement, and property settlement.	8c.	\$	0.00	\$	N/A	
	8d.	Unemployment compensation	8d.	\$		\$	N/A	
	8e.	Social Security	8e.	\$		\$	N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	ce 8f.	\$	0.00	\$	N/A	
	8g.	Pension or retirement income	8g.	\$		\$	N/A	
	8h.	Other monthly income. Specify: Long-Term Disability	8h.+			+ \$ -	N/A	
		Long Form Discounty		·		, i	14/71	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	4,000.00	\$_	N/A	
10.		ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		4,000.00 + \$		N/A = \$ 4,000.00	
11.	I1. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00							
12.		the amount in the last column of line 10 to the amount in line 11. The rest that amount on the Summary of Schedules and Statistical Summary of Certies					12. \$ 4,000.00	
							Combined	
13.	Do y	ou expect an increase or decrease within the year after you file this form No.	m?				monthly income	
		Yes. Explain:						

Case number (if known) 1:17-BK-00457-HWV

Debtor 1 Jodi Estelle Cable

Official Form 106I Schedule I: Your Income page 2

Fill	in this inform	nation to identify yo	our case:							
Deb	otor 1	Jodi Estelle C	Cable			Cł		if this is:		
Deb	tor 2								ving postpetition chapter	
(Spo	ouse, if filing)						1	3 expenses as of	the following date:	
Unit	ed States Ban	kruptcy Court for the	: MIDDLI	E DISTRICT OF PENNS	YLVANIA		N	MM / DD / YYYY		
	e numbe r	1:17-BK-00457-F	HWV							
Of	fficial F	orm 106J								
So	chedul	e J: Your l	Exper	ses					12/	15
Be info nur	as complete ormation. If mber (if kno	e and accurate as more space is ne wn). Answer ever	possible eded, atta ry questio	If two married people ch another sheet to thi						
Par 1.	t 1: Des Is this a jo	cribe Your House int case?	hold							
	■ No. Go		in a separ	ate household?						
		No	•		an for Community House	-1-1-1-1-1-1-D	-1-4-	- 0		
			st file Offici	al Form 106J-2, <i>Expens</i>	es for Separate House	enola of D	ерто	OF 2.		
2.	Do you ha	ve dependents?	☐ No							
	Do not list Debtor 2.	Debtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relati			Dependent's age	Does dependent live with you?	
	Do not stat	e the							□ No	
	dependent	s names.			Daughter			13	■ Yes	
									□ No □ Yes	
									□ No	
									☐ Yes	
									□ No	
•	_								☐ Yes	
3.	expenses	xpenses include of people other the nd your depende	han $_{oldsymbol{\sqcap}}$	No Yes						
Par		mate Your Ongoi								
exp		a date after the b		uptcy filing date unless y is filed. If this is a su					opter 13 case to report f the form and fill in the)
the	value of su	ch assistance an		government assistance cluded it on <i>Schedule I</i>				Your expe	ansas	
(On	ficial Form	1061.)					-	Tour expe		
4.		or home owners and any rent for the		ses for your residence r lot.	. Include first mortgage	e 4.	\$		804.00	
	If not inclu	uded in line 4:								
		estate taxes				4a.	\$		0.00	
		erty, homeowner's				4b.			0.00	
		ne maintenance, re neowner's associat	•			4c. 4d.	\$ \$		50.00 0.00	
5.				our residence, such as l	home equity loans		Ф \$		448.00	

Official Form 106J Schedule J: Your Expenses page 1

Deb	otor 1 Jodi Estelle Cable	Case number (if known)	1:17-BK-00457-HWV
6.	Utilities:		
0.	6a. Electricity, heat, natural gas	6a. \$	231.00
	6b. Water, sewer, garbage collection	6b. \$	86.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	238.00
	6d. Other. Specify:	6d. \$	0.00
7.	Food and housekeeping supplies	7. \$	470.00
8.	Childcare and children's education costs	8. \$	150.00
9.	Clothing, laundry, and dry cleaning	9. \$	55.00
10.		10. \$	80.00
11.		11. \$	188.00
	Transportation. Include gas, maintenance, bus or train fare.	· · · · · · · · · · · · · · · · · · ·	100.00
	Do not include car payments.	12. \$	388.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	99.00
14.	Charitable contributions and religious donations	14. \$	80.00
15.	Insurance.		
	Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a. \$	110.00
	15b. Health insurance	15b. \$	0.00
	15c. Vehicle insurance	15c. \$	125.00
	15d. Other insurance. Specify:	15d. \$	0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.		
	Specify:	16. \$	0.00
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a. \$	376.00
	17b. Car payments for Vehicle 2	17b. \$	0.00
	17c. Other. Specify:	17c. \$	0.00
	17d. Other. Specify:	17d. \$	0.00
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).		0.00
19.	Other payments you make to support others who do not live with you.	\$	0.00
	Specify:	19.	
20.	Other real property expenses not included in lines 4 or 5 of this form or on School		
	20a. Mortgages on other property	20a. \$	0.00
	20b. Real estate taxes	20b. \$	0.00
	20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
	20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
	20e. Homeowner's association or condominium dues	20e. \$	0.00
21.	Other: Specify: Pet Costs	21. +\$	71.00
22	Calculate your monthly expenses		
	22a. Add lines 4 through 21.	\$	4,049.00
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	4,043.00
	22c. Add line 22a and 22b. The result is your monthly expenses.	\$ 	4.040.00
	22C. Add line 22a and 22b. The result is your monthly expenses.	Φ	4,049.00
23.	Calculate your monthly net income.		
	23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	4,000.00
	23b. Copy your monthly expenses from line 22c above.	23b\$	4,049.00
	23c. Subtract your monthly expenses from your monthly income.	00.	-49.00
	The result is your <i>monthly net income</i> .	23c. \$	-49.00
24.	Do you expect an increase or decrease in your expenses within the year after your for example, do you expect to finish paying for your car loan within the year or do you expect you modification to the terms of your mortgage? No.		rease or decrease because of a
	Yes. Explain here:		
	LApiairi Horo.		